ALROHDE 1-100#5 MAYROL BALLOT

Teles Ciriles Commission	P.O. BOX 120/0 AUSIII, 1848 78/11-20/0	(512)463-5800 1-800-325-8506		
CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY		
NAME	MAYOR OF S.A.  NICKNAME LAST SUFFIX  AL RONde	Date Received		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE	.*		
ADDRESS  Change of Address	9510 LA Rue SATY 78217	Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	TITLE FIRST MI			
NAME	Tom Robbe, Ard	Receipt # Amount  Date Processed		
		Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE:  200 Red Wood ALAMO Heigh 78209,	ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( $200$ ) $366100$			
8 REPORTTYPE	January 15 30th day before election Runoff  July 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day  LAST PERIOD TO 4 /27	/200 <u></u>		
10 ELECTION	ELECTION DATE   ELECTION TYPE	General Special		
11 OFFICE	OFFICE HELD (If any)  12 OFFICE SOUGHT (If language)	NOTE TO SERVICE TO SER		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by eithers without the can Candidates are required to disclose this information only if they receive notification of the direction.			
BY OTHER INDIVIDUALS		es Todate		
additional pages	No Donaluns Recevel durin	,		
GO TO PAGE 2				

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 787	11-2070	(512)463-5	900 1-800-325-8508
CANDIDAT SUPPORT		CEHOLDER R S			FORM C/OH R SHEET PG 2
14 C/OH NAME	ALRohic	le_		15 ACCOU	INT #(Ethics Commission flers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by po e without the candidate's or officeho f they receive notice of such exper	older's knowledge or consent. (	ne candidate / officeho Candidates and office	lder. These expenditures holders are required to report
	COMMITTEE TYPE	Noive U	ISED		C
	GENERAL SPECIFIC	COMMITTEE ADDRESS	ISED		61 MPR 30
additional pages		COMMITTEE CAMPAIGN TREASUR	SEN SEN		730
arcinorna program		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS		1710:00
17 NO REPORTABLE ACTIVITY	Check here if n	no reportable activity occurred duri		Ndevit below and submit ;	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS ES, LOANS, OR GUARANTEES			None
	ł	POLITICAL CONTRIBUTI THAN PLEDGES, LOANS, OR			None
EXPENDITURE TOTALS	<b>.</b> .	POLITICAL EXPENDITURES O	F \$50 OR LESS, UNLESS I	TEMIZED \$	
	4. TOTAL	POLITICAL EXPENDITUR		\$	1.50000
OUTSTANDING LOAN TOTALS	5. TOTAL P	PRINCIPAL AMOUNT OF ALL O	OUTSTANDING LOANS AS	OF THE \$	
19 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·	100000000	, , , , ,		
	MARGO A. CAN NOTARY PUBL STATE OF TEX Commission Expires April	MRELL me	wear, or affirm, under pena true and correct and include a under Title 15, Election C	es all information re	equired to be reported by
AFFIX NOTARY STAMP		0 10 - A	1) 06 1 0	_	· ·
of April, 20	oed before me, by t	the said <u>OUK-FOO</u> tify which, witness my han	RONOCE.	, this the	day
MCLICA A. Signatura of officer adr	Canhel ministering cath	MARGO A	radministering oath		dministering oath

Texas Ethics C	ommission P.O. Box 12070 Austin	Jexas 787 11-207	D (512) 46	3-5800 1-800-325-850
POLIT OTHE	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	OT APR 30 AM	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAM	Nowe Winde ENTIRE Sheet			nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (IDIt:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			<b> </b> 
9 Principal occ	pupation (Optional)	10 Employer (Option	gal)	1
Date	Full name of contributor Out-of-state PAC (IDI:_	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occ	supation (Optional)	Employer (Option	ai)	
Date	Full name of contributorout-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		·	 
Principal occ	supation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	supetion (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (IDIt	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u>-</u>	, -
Principal occ	supation (Optional)	Employer (Option	al)	AW
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

P	PLEDGED CONTRIBUTIONS		(F	OR FORMS C/OH, S	SCHEDULE B1 IC-C/OH, SC-SPAC, & SPAC)
Tì	The INSTRUCTION GUIDE explains how to complete	this form.	1	Total pages this So	hedule B1:
2 F	NONE	Used.	3	ACCOUNT # (Ethic	s Commission filers)
4	TOTAL OF UNITEMIZED PLE	DGES: ⇔ ⇔	\$ \$	<b>⇒</b> ⇒	\$
5	ENTIRE	State: Zip Code	8	Amount of pledge (\$)	9 In-kind description (if applicable).
10 Pr	rincipal occupation (optional)	11 [	Employer (optional)		
		State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Pr	rincipal occupation (optional)	E	Employer (optional)		
		State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Pri	rincipal occupation (optional)	E	Employer (optional)		
		State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Pri	rincipal occupation (optional)	E	Employer (optional)		
		xut-of-etate PAC (IDIt:		Amount of pledge (\$)	In-kind description (if applicable)
Pri	rincipal occupation (optional)	F	Employer (optional)	<b>,</b>	
	ATTACH ADD If contributor is out-of-state PAC, p	ITIONAL COPIES OF clease see instruction			g requirements.

LOANS				SCHEDULE E
The Instruction Guil	explains how to complete this form.		1 Total pages Scho	odule E:
P FILER NAME	Nove Mide E	Utime Sheet	3 ACCOUNT # (Et	nics Commission filers)
TOTA	L OF UNITEMIZED LOANS:	<b>\$ \$ \$ \$</b>	\$ \$	\$
Date of loan	7 Name of lender	Out-of-state PAC (IDIt:	)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N	/	MAD		11 Maturity date
2 Description of Collate	rai			<u>L</u>
3 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code	• • • • • • • • • • • • • • • • • • •	
7 Principal Occupation	<u> </u>	18 Employer		· · · · · · · · · · · · · · · · · · ·
Date of loan	Name of lender	Out-of-state PAC (IDIK		Loan Amount (\$)
Is iender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor	·		Amount Guaranteed (\$)
not applicable	Guerantor address; City; State;	Zip Code		
Principal Occupation		Employer	<u></u>	£1
if lender	ATTACH ADDITIONAL Cois out-of-state PAC, please see ins			; requirements.

16,	kas Eulics Cor	Timission P.O. Box 12070 Ausum, Texas	CITY C	- (1) (3) (2) 403-1	5800 1-800-325-850
	POLITIO	CAL EXPENDITURES	01 APR 30 /		SCHEDULE F
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sci	nedule F:
2	FILER NAME	See Exhibit 1/4"		3 ACCOUNT # (E	Ethics Commission filers)
4	Date	5 Payee name  6 Payee address; City; State; Zip Code		7	Amount (\$)
8	Purpose of pay required.)	Tment (See instructions regarding type of information	9 Complete if Candidate / Officeholde	f direct expenditure to be er name Office	enefit C/OH ↔ e sought Office held
	Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if Candidate / Officeholds	f direct expenditure to be er name Office	enefit C/OH ↔ e sought Office held
	Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of payerequired.)	ment (See instructions regarding type of information	Complete if Candidate / Officeholde	direct expenditure to be or name Office	enefit C/OH ↔ sought Office held
	Date	Payee name Payee address; City; State; Zip Code		- I	Amount (\$)
	Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if Candidate / Officeholds	direct expenditure to be office of the control of t	enefit C/OH sought Office held
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS	NEEDED	

		CAL EXPENDITURES FROM PERSONAL FUNDS		S	CHEDULE G
The Ins	TRUCTION	Guide explains how to complete this form.	1 Total pages Sche	dule G:	
2 FILER	FILER NAME ALPOINGE. 3 ACCOUNT # (Eth			hica Comm	ission filers)
4 Date		5 Payee name 9510 LA ROE SATX 78217 6 Payee address; City; State; Zip Code  TOTAL See Exh. 1+ /4 (it like)		8 #	Amount (\$)
	-	7 Purpose of expenditure (See instructions regarding type of information requ	sired.)		Reimbursement from political contributions intended
Date		Payee name			Amount (\$)
		Purpose of expenditure (See instructions regarding type of information requ	iired.)		Reimbursement: from political contributions intended
Date		Payee name  Payee address; City; State; Zip Code			Amount (\$)
		Purpose of expenditure (See instructions regarding type of information requ	ired.)		Reimbursement from political contributions intended
Date		Payee name Payee address; City; State; Zip Code			Amount (\$)
		Purpose of expenditure (See instructions regarding type of information requestions.	Jired.)		Reimbursement from political contributions intended
Date	-	Payee name Payee address; City; State; Zip Code	<u>-</u>		Amount (\$)
		Purpose of expenditure (See instructions regarding type of information requ  ATTACH ADDITIONAL COPIES OF THIS FORM A			Reimbursement from political contributions intended

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH OLAPPRO ANIO OL

SCHEDULE H

UT APR 3U AM IU: UT				
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule H:	
2 FILER NAM	Nowe Wide		3 ACCOUNT # (Ethics Commission filers)	<del></del>
4 Date	5 Business name  6 Business address; City; State; Zip Code	AW	7 Amount (\$)	
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete Candidate / Officehok	if direct expenditure to benefit C/OH •• der name Office sought Office	e held
Date	Business name  Business address; City; State; Zip Code		Amount (\$)	•
Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete Candidate / Officehold	if direct expenditure to benefit C/OH ↔ ter name Office sought Office	e held
Date	Business name  Business address; City; State; Zip Code		Amount (\$)	
Purpose of pay required.)	Thent (See instructions regarding type of information	Complete Candidate / Officehold	if direct expenditure to benefit C/OH der name Office sought Office	e held
Date	Business address; City; State; Zip Code		- Amount (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete Candidate / Officehold	if direct expenditure to benefit C/OH ter name Office sought Office	e hald
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	S NEEDED	

## NON-POLITICAL EXPENDITURES 01 APR 30 AM 10: 01

SCHEDULE !

he Instruct	TION GUIDE explains how to complete this form.	1 Total pages Schedule I:
ILER NA	Wove Usde	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information re	equired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information re	equired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information re	oquired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information re	equired.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	-
	Purpose of expenditure (See instructions regarding type of information re	equired.)

CREDI	TS (optional)		SCHEDULE K
The Instruction	эн Guide explains how to complete this form.	1 Total pages Schedule	K:
2 FILER NAM	E	3 ACCOUNT # (Ethics C	Commission filers)
4 Date	5 Payor name  6 Payor address; City; State; Zip Code  7 Reason for credit	8	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
Date	Reason for credit Payor name		Amount
	Payor address; City; State; Zip Code  Reason for credit		(\$)
Date	Payor name  Payor address; City; State; Zip Code  Reason for credit	<u>-</u>	Amount (\$)
	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED	

Ге	Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 $RECEVS$	(512)4 <b>63-5800</b> 1- <b>800-325-8</b> 5
	CANDIDATE / OFFICEHOLDER REPORTELES DESIGNATION OF FINAL REPORT APR 30 AM	HTOMIS RK FORM C/OH - FR 10:01
	The Instruction Guide explains how to complete this form.	
1	1 C/OH NAME	2 ACCOUNT #(Ethics Commission filers)
3	3 SIGNATURE	
		and that I may not accept any campaign on file.  Attraction of Candidate / Officeholder
4	4 FILER WHO IS NOT AN OFFICEHOLDER	001
	Complete A & B below <i>only</i> if you are a candidate	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interest or income earned from	n political contributions.
	I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned or also understand that I must file an annual report of unexpended contributions and that or unexpended interest or income earned on political contributions longer than six ye understand that I must dispose of unexpended political contributions and unexpended contributions in accordance with the requirements of Election Code, § 254.204.	n political contributions to personal use. I I may not retain unexpended contributions are after filing this final report. Further, I
	B. ASSETS	
	Check only one: Nowe Retained-	
	! do not retain assets purchased with political contributions or interest or other income	from political contributions.
	I do retain assets purchased with political contributions or interest or other income from may not convert assets purchased with political contributions or interest or other incomuse. I also understand that I must dispose of assets purchased with political contribution Election Code, § 254.204.	me from political contributions to personal
	•	
		Signature of Candidate
5	OFFICEHOLDER  Complete this section <i>only</i> if you are an officeholder	- All
	am aware that I remain subject to filing requirements applicable to an officeholder who do  Tom Rouse LH on TREA WREB  (AWAGS	s not have a campaign treasurer on file.
	(AMAGO)	Signature of Officeholder

EXMBIL EXHIBIT CITY OF SA. FINANCIAL CAMPAIGN DISCLOSURE REPORT "A" Due on on BEFORE Report APRIL 27, 200I Report OF MAYROL CANdIDATE AL Rohde Mollet: 210/325/8274 OFFICE 210/3661400 THIS IS A FINAL ROPORT DUE BEFORE MAY 5, the 2001 ELECTION DAY BY MAYER (SINDIDATE AL Robde, PLACE #3 ON BALTOT. ALRANDE OUT OF POCKET CAMPAIGN EXPENCES FOR Total Election WILL Be More for Les IN The RANGE OF \$1.500,00. Expenses Included: Blight Boung Mascot For Blight Pictures Cityluide ECKERD DRUG Store Purchase. Bight Bunny Photos = \$32.31 #25.76 + FILM =# 18.90 + Enlargements. \* 23.89 FLOWER Seeds For EARTH day Store = # 8.53 + Blight Moto's = \$6.50 Phess Release Typing-Go STAFFING Source \$250.00 + Ads South Side RECORDER = 2 @ # 135.00 lock = #270.00 = LACKLAND TAIL Sping Ads = 20 \$ 135,00 lack + \$270.00 = EAST Side Paper Ads = \$300.00 - auto Expens: Apx \$30,00 (Cras). Turbo @ Waren events \$ 50.00 (APK). CAMPAIRU DONATIOUS Dueing TOTAL Perios. AL Robbe Asked For No Donations - Al Robbe Received NO Donations For My Mayroc Campaign IN Year 200I UNLESS I AM ELECTED OR IN A RUN OFF-WAY 5th 2001 This WILL Be My FINAL Report OF My FINANCE CONSITION

1AL Rolle

	VICTORIE					
Te	cas Ethics Commission	P.O. Box 12070 Austin, Texas 78711-2070	(512)463-5800 1-800-325-850			
		TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1			
	he C/OH INSTRUCTION	Guide explains how to complete   1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:			
3	CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI	OFFICE USE ONLY			
		NICKNAME LAST SUFFIX AL Rohde	Date Received			
4	CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	Change of Address	San Antonio. Tx 78217.	Date Hand-delivered or Date Postmarked			
5	CAMPAIGN TREASURER NAME	TITLE FIRST MI  ROUGE TIVE  NICKNAME SUFFIX	Receipt # Amount  Date Processed			
			Date imaged			
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: 200 Red Wood D ALAMO Heights, 78209	ZIP CODE			
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (20) 366 1400				
8	REPORT TYPE	January 15 30th day before election Runoff  Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)			
9	PERIOD COVERED	OFIFIC	/ 200L			
10	ELECTION	Month Day Year ELECTION TYPE CITY COUNCIAL V	Ceneral Special			
11	OFFICE	OFFICE HELD (if arry)  12 OFFICE SOUGHT (if known  MAY 012 0	F (A-			
B NOTICE OF DIRECT CAMPAIGN		Direct campaign expenditures are campaign expenditures made by others without the canc Candidates are required to disclose this information only if they receive notification of the direct	tidate's prior consent or approval			
	EXPENDITURE BY OTHER INDIVIDUALS	Name				
	ſ	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

**GO TO PAGE 2** 

00 :11 A µ- A9A 1005 CITY OF SAN ANTONIO
CITY OLERK
CITY OLERK

additional pages

exas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)463-5800 1-800-325-8506
CANDIDA' SUPPORT		CEHOLDER REPORT: .S	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	ALRohde		15 ACCOUNT #(Ethics Commission flers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the swithout the candidate's or officeholder's knowledge or consent. Caif they receive notice of such expenditures.	candidate / officeholder. These expenditures ndidates and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME NOIVE	C1T. 2001
	GENERAL SPECIFIC	COMMITTEE ADDRESS	REC OF S CITY PR -
additional pages	<del></del>	COMMITTEE CAMPAIGN TREASURER NAME	CLERK
		COMMITTEE CAMPAIGN TREASURER ADDRESS	1: 01
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affide	rvit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	S Nowe
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ None
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	
	4. TOTAL	POLITICAL EXPENDITURES #2251	co s Atare
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LY OF THE REPORTING PERIOD	\$ W6
Swom to and subscrib	VISEALUMOVE	is true and correct and includes me under Title 15, Election Cod	of perjury, that the accompanying report all information required to be reported by e.  andidate or Officeholder , this theday
Signature of offices, adm	Kein hinistering deth	Printed name of officer administering cath	Title of officer administering oath

Printed on recycled paper

### **POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

OTHER	R THAN PLEDGES OR LOAN	S	(FOR FOR	MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	Guide explains how to complete this form.		1 Total pages this	Schedule A1:
2 FILER NAMI	* ALRohde		3 ACCOUNT # (E	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code  NO CONTRIBUT		ented	   
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			CITY OF SCITY
Principal occup	pation (Optional)	Employer (Option	al)	T CENT
Date	Full name of contributor out-of-state PAC (IDIt: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contributor () description (if applicable)
				· !
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	eation (Optional)	Employer (Option:	al)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u>-</u>	en S
Principal occup	ation (Optional)	Employer (Options	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGE	ED CONTRIBUTIONS		(FOR FORMS C/OH, S	SCHEDULE <b>B1</b> SC-C/OH, SC-SPAC, & SPAC)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this Sc	chedule B1:
2 FILER NAMI	E ALRohbe		3 ACCOUNT # (Ethic	≫ Commission filers)
4 TOT.	AL OF UNITEMIZED PLEDGES: ⇒	<b>\$ \$ \$</b>	<b>\$</b>	\$
5 Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of   s   pledge (\$)	9 In-kind description (if applicable)
10 Principal occup	ation (optional)	11 Employer (optiona	I	
Date	Full name of pledgorout-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind ascription ITY OF SAN OFF SAN
Principal occup	pation (optional)	Employer (optional	n)	
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)	Employer (optional	)	
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	ation (optional)	Employer (optional	<u> </u>	
Date	Full name of pledgor out-of-state PAC (IDIE: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupa	ation (optional)	Employer (optional)	)	
If contri	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			g requirements.

LOANS				SCHEDULE E
The Instruction Guil	e explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME	ALRohde		3 ACCOUNT # (Eth	ics Commission filers)
4 тота	L OF UNITEMIZED LOANS:	<b>\$</b> \$ \$ \$	<b>t</b>	\$
5 Date of loan		out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code  Zip Code  Zip Code	nort	10 Interest rate
Y N	None to	10110		11 Maturity date
12 Description of Collate	ral			
13 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
17 Principal Occupation		18 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#:	)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Description of Collate	ral			
none				Amo Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor			<b>→</b> ~
not applicable	Guarantor address; City; State;	Zip Code		RECEIVE OF SAN A CITY CLE
Principal Occupation	~	Employer	-	A II:
if lender	ATTACH ADDITIONAL CO			C 6

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages So	chedule F:
2 FILER NAM	* ALRINGE		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payee name	<u>-</u>	7	Amount (\$)
	6 Payee address; City; State; Zip Code			
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if din Candidate / Officeholder na	ect expenditure to arne Offi	benefit C/OH •• ce sought Office held
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	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

#### (512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE G **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 8 Amount Date Payee name (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended **Amount** Date Payee name (\$) Payee address; City; State; Zip Code Reimbursement \_\_\_ Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended **Amount** Date Payee name City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name (\$) City; State; Zip Code Payee address; Reimbursement from political Purpose of expenditure (See instructions regarding type of information required.) contributions intended

CITY OF SAN ANTONIO

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2 FILER NAM	IE AL Conde		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Business name			7 Amount (\$)
	6 Business address; City; State; Zip Code			
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		OLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		SCHEDULE I
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4	Date	5 Payee name  6 Payee address; City; State; Zip Code		8 Amount (\$)
		7 Purpose of expenditure (See instructions regarding type of information requ	uired.)	
	Date	Payee name  Payee address; City; State; Zip Code  OR  Purpose of expenditure (See instructions regarding type of information requ	lynoret -	Amount (\$)
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		Purpose of expenditure (See instructions regarding type of information requ		-11 A 12- A9A 1005
		ATTACH ADDITIONAL COPIES OF THIS FORM A	'S NEEDED OIL	RECEIVED CITY OF SAN ANTOI CITY CLERK

optional)	
•	SCHEDULE K
xplains how to complete this form.	1 Total pages Schedule K:
L Rohde	3 ACCOUNT # (Ethics Commission filers)
or name  or address; City; State; Zip Code  No. NP. FOR PYORT  son for credit	8 Amount (\$)
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# CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

DES	SIGNATION OF FINAL REPORT
The in	struction Guide explains how to complete this form.  nplete only if "Report Type" on page 1 is marked "Final Report" ••
C/OH N	NAME , ALTOUGE.
SIGNA	ATURE
a repo contril	oot expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating ort as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign butions or make any campaign expenditures without a campaign treasurer appointment on file.  ACRATAMY CONTRIBUTIONS  Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER  plete A & B below only if you are a candidate
A.	CAMPAIGN FUNDS  CAMPAIGN FUNDS  CAMPAIGN FUNDS
Checi	k only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
в.	ASSETS
Checi	k only one:  ! do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate
	CEHOLDER plete this section only if you are an officeholder ••
×	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.  Signature of Officeholder
	FILER Com  Chec

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